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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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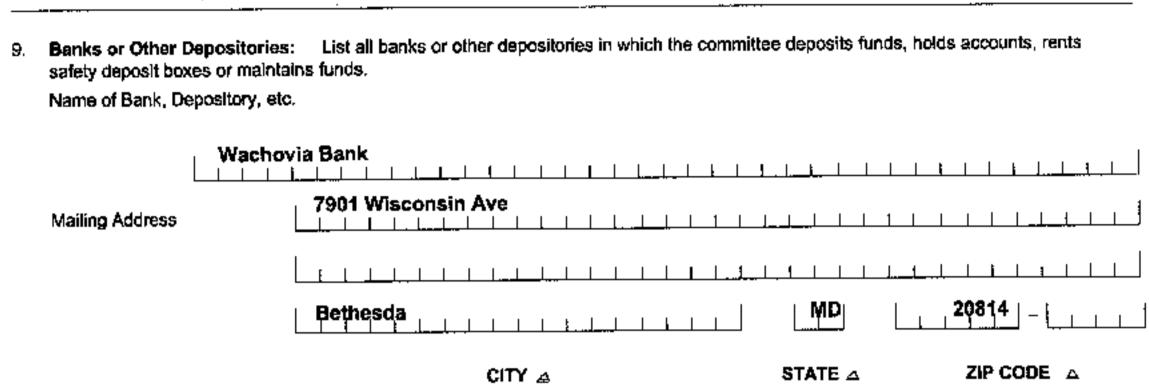
Office use only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Dedicated to Establish	ning National Teamwork P	AC (DENT PAC)	
	<u> </u>	<u>.i., 1 </u>	
ADDRESS (number and street)	PO Box 40385		
(Check if address is changed)	Washington		DC 20016
COMMITTEE'S E-MAIL ADDRE	ESS	CITY.	STATE _ ZIP CODE _
cward@politicalcomp	liance.com		<u></u>
		<u>. </u>	
COMMITTEE'S WEB PAGE AD	DDRESS (URL)		
None			
COMMITTEE'S FAX NUMBER	!		
2. DATE M M / D	29 / Y 2006		
3. FEC IDENTIFICATION NU	UMBER (
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
certify that I have examined this St	latement and to the best of my knowl	edge and belief it is true, correct and	i completa
Type or Print Name of Treasure	er Christopher J. Wa	ard	
Signature of Treasurer Electron	ropleally Filed by Ohristophe	er J. Ward	Date 08'29'2666
NOTE: Submission of false, erroned		ubject the person signing this Stater	nent to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-894-1100	CEP EFIDING

j.	TYPE OF CO	MMITTEE (Check One)
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name of Candidate	\ <u>.\\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
	Candidate Party Affiliati	Office State State State District
	(c)	This committee supports/opposes only one candidate, and Is NOT an authorized committee.
	Name of Candidate	
	(d)	(National, State (Democratic, Republican, etc.) Party.
	(e)	This committee is a separate segregated fund
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.
6.	Name of An	ny Connected Organization or Affiliated Committee
1	None , ,	
1		<u> </u>
L	1 1 1 1 1	<u> </u>
	Mailing Add	ress
		CITY▲ STATE ▲ ZIP CODE ▲
	Relationship	p
	Type of Cor	nnected Organization:
	Cor	poration Corporation w/o Capital Stock Labor Organization
	lame?	embership Organization Trade Association Cooperative

Write or Type Committee Name

Custodian of Records: identify	u hu nama addresa /uhana numbar				
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.					
Full Name Christophe	er J. Ward				
Mailing Address	6302 Massachusetts Ave				
	Bethesda		20816 _		
Title or Position♥	CITY A	STATE	ZIP CODE A		
Treasurer		Telephone number			
	l address (phone number optional) of signated agent (e.g., assistant treasurer		tee; and the		
Full Name of Treasurer Christophe	er J. Ward				
Mailing Address	6302 Massachusetts Ave				
_	Bethesda		20816 _		
Title or Position ∀	Bethesda CITY ▲	MD STATE▲	20816 - ZIP CODE▲		
Title or Position ♥ Treasurer			ZIP CODE		
		STATE	ZIP CODE		
Treasurer Full Name of Designated		STATE	ZIP CODE		
Treasurer Full Name of Designated Agent		STATE	ZIP CODE		
Treasurer Full Name of Designated Agent		STATE	ZIP CODE		



Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered 8/30/06 Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 8/30/06

DATE PREPARED

(3/2005)